

# **Wisconsin Uniform Placement Criteria WI-UPC**

## **Adult Placement Scoring Instrument**

\*At this printing of the WI-UPC Adult Placement Scoring Instrument, the Wisconsin Administrative Code for Substance Abuse Services is undergoing revision. Although the revisions are currently in the process of being reviewed within the Department of Health and Family Services, the new code has not yet been promulgated. Therefore, references made to administrative code in this manual refer to the current Wisconsin Administrative Code for Substance Abuse Services. As the revised code is approved and promulgated, the Bureau of Substance Abuse Services will issue updates to the WI-UPC Adult Placement Scoring Instrument and manual.

**WI-UPC**  
**WISCONSIN UNIFORM PLACEMENT CRITERIA**

***ADULT***  
**PLACEMENT SCORING INSTRUMENT**

Date: \_\_\_\_\_ Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Interviewer's Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Agency Phone: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



***Instructions for Completion of WI-UPC Adult Placement Scoring Instrument***

- Step I**      ➡ Identify/rule out intoxication and/or incapacitation. Evaluate patient withdrawal potential.
- Step II**      ➡ Complete substance abuse screening.
- Step III**     ➡ Evaluate patient for treatment service qualifying criteria.
- Step IV**     ➡ Evaluate patient within treatment dimensions and severity indicators.
- Step V**      ➡ Transfer treatment indicator scores to grid and identify recommended level of care.
- Step VI**     ➡ Complete Interviewer's Comments and record any need for an alternative level of care.
- Step VII**    ➡ Record Patient's Willingness/Acceptance statement.
- Step VIII**   ➡ Complete referral information and signature section.

## WITHDRAWAL SERVICE QUALIFYING CRITERIA

### A. Is the patient intoxicated?

☐ **Yes** If the patient is intoxicated but not incapacitated, and is in need of monitoring to safely recover from intoxication, the lowest level of care appropriate is Non-Medical, Non-Ambulatory Intoxication Monitoring Service (Level D-1). If the patient's condition is such that withdrawal potential can be adequately assessed, either directly or through collateral sources, please go to Dimension Question #1.

☐ **No** Please go to next question (B).

### B. Is the patient incapacitated?

☐ **Yes** If the patient is incapacitated, the lowest level of care appropriate is Medically Monitored, Non-Ambulatory Withdrawal Service (Level D-3). If the patient's condition is such that withdrawal potential can be adequately assessed, either directly or through collateral sources, please go to Dimension Question #1.

☐ **No** Please go to Dimension Question #1.

### Dimension Question #1

**Does the patient exhibit any signs or symptoms of WITHDRAWAL, and/or is there history to suggest that a significant risk of withdrawal is present?**

☐ **NO** Please go to the seven TREATMENT SERVICE QUALIFYING QUESTIONS below.

☐ **YES** Please answer each of the five severity indicators below.

#### Severity Indicator Questions

a. ☐ **Yes D-4** The withdrawal screening score indicates **severe** alcohol and/or sedative withdrawal, or **Grade 4** opiate withdrawal.

b. ☐ **Yes D-3** The withdrawal screening score indicates **moderate** alcohol and/or sedative withdrawal, or **Grade 3** opiate withdrawal.

c. ☐ **Yes D-2** The withdrawal screening score indicates **mild** alcohol and/or sedative withdrawal, or **Grade 2** opiate withdrawal.

d. ☐ **Yes D-1** The withdrawal screening score indicates **minimal** alcohol and/or sedative withdrawal, and although the patient is functionally impaired, there is no evidence of intoxication with substances other than alcohol and/or sedatives.

e. ☐ **Yes D-1** The patient **lacks family/community support** such that a structured setting of professional observation is necessary to achieve safe resolution of current alcohol and/or sedative intoxication.

## TREATMENT SERVICE QUALIFYING CRITERIA

1. ☐ **Yes** Patient has recently experienced negative **educational/vocational** consequences which are linked to substance abuse.

2. ☐ **Yes** Patient has recently experienced negative **physical/mental health** consequences which are linked to substance abuse.

3. ☐ **Yes** Patient has recently experienced negative **financial** consequences which are linked to substance abuse.

4. ☐ **Yes** Patient has recently experienced negative **legal** consequences which are linked to substance abuse.

5. ☐ **Yes** Patient has recently experienced negative **personal relationship** consequences which are linked to substance abuse.

6. ☐ **Yes** Patient has recently experienced impairment in his/her **role as a care giver and/or homemaker** which is linked to substance abuse.

7. ☐ **Yes** Patient has a **history** of having experienced one or more of the above consequences, has successfully completed treatment, but is currently at high risk of relapse.

\*\*\* If the response to **ALL** of the above questions was "**NO**": Substance abuse symptoms sufficient to indicate the need for services in the formal substance abuse treatment delivery system, as defined in the WI Administrative Code, **have not been reported**. You may want to consider a referral to a community support group or other referral system if indicated. Go to SUMMARY page to complete WI-UPC.

\*\*\* If the response to **ANY** of the above questions was "**YES**": Substance abuse symptoms sufficient to indicate the possible need for some level of services in the formal substance abuse treatment delivery system, as defined in the WI Administrative Code, **have been reported**. Please complete the following questions to determine appropriate level(s) of treatment frequency and intensity.

## DIMENSION & SEVERITY INDICATORS

### Dimension Question # 2

Are there current PHYSICAL/MENTAL HEALTH conditions or complications evident or any which become evident when patient is under the influence?

☐ NO Please go to Dimension Question # 3, disregard severity indicators below.

☐ YES Please answer each of the seven severity indicators below.

#### Severity Indicator Questions

- a. ☐ Yes **4** The patient has physical/mental health conditions or complications which **require hospitalization** per physician screen or consultation.
- 
- b. ☐ Yes **3** The patient has physical/mental health conditions or complications which, while under the influence of substance(s), create a **danger to self or others AND patient is at high risk of relapse**.
- 
- c. ☐ Yes **3** The patient's physical/mental health conditions or complications require 24 hour per day monitoring and intervention in order to promote treatment progress/recovery; i.e., patient has demonstrated that s/he is unable to maintain **psychiatric stability for more than 24 consecutive hours** during the past 30 days.
- 
- d. ☐ Yes **3** The patient's **cognitive status requires 24 hour per day monitoring** and intervention in order to promote treatment progress/recovery.
- 
- e. ☐ Yes **2** The patient's **cognitive status requires intensive and frequent** (minimum of 12 hours weekly) intervention in order to promote treatment progress/recovery.
- 
- f. ☐ Yes **2** The patient's **mental health conditions or complications require intensive and frequent** (minimum of 12 hours weekly) intervention in order to promote treatment progress/recovery; i.e., patient has demonstrated s/he is able to maintain **psychiatric stability for more than 24 consecutive hours**, but **not more than 72 consecutive hours** during the past 30 days.
- 
- g. ☐ Yes **1** The patient's mental health conditions or complications require monitoring and intervention (less than 12 hours weekly) in order to promote treatment progress/recovery; i.e., patient has demonstrated that s/he is able to maintain **psychiatric stability for more than 72 consecutive hours**, but **not more than seven consecutive days** during the past 30 days.
- 

### Dimension Question # 3

Are there current EMOTIONAL conditions or complications and/or BEHAVIORAL patterns evident or any which become evident when patient is under the influence?

☐ NO Please go to Dimension Question # 4, disregard severity indicators below.

☐ YES Please answer each of the four severity indicators below.

#### Severity Indicator Questions

- a. ☐ Yes **3** The patient's emotional status and/or behavioral patterns, while under the influence of substance(s), create a **danger to self or others AND patient is at high risk of relapse**.
- 
- b. ☐ Yes **3** The patient's emotional status and/or behavioral patterns require 24 hour per day monitoring and intervention in order to promote treatment progress/recovery; i.e., patient has demonstrated that s/he is unable to maintain **emotional/behavioral stability for more than 24 consecutive hours** during the past 30 days.
- 
- c. ☐ Yes **2** The patient's emotional status and/or behavioral patterns require intensive and frequent (minimum of 12 hours weekly) intervention in order to promote treatment progress/recovery; i.e., patient has demonstrated s/he is able to maintain **emotional/behavioral stability for more than 24 consecutive hours**, but **not more than 72 consecutive hours** during the past 30 days.
- 
- d. ☐ Yes **1** The patient's emotional status and/or behavioral patterns require monitoring and intervention (less than 12 hours weekly) in order to promote treatment progress/recovery; i.e., patient has demonstrated that s/he is able to **maintain emotional/behavioral stability for more than 72 consecutive hours**, but **not more than seven consecutive days** during the past 30 days.
-

**Dimension Question # 4****Does patient present significant RELAPSE POTENTIAL?**

☐ NO Please go to Dimension Question # 5, disregard severity indicators below.

☐ YES Please answer each of the nine severity indicators below.

**Severity Indicator Questions**

- a. ☐ Yes **3** The patient has demonstrated that s/he is **unable to remain substance free for any 24 consecutive hours period** during the past 30 days, despite one or more interventions, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery.
- 
- b. ☐ Yes **3** The patient has demonstrated that s/he is consistently **unable to attend day treatment sessions substance free**, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery.
- 
- c. ☐ Yes **2** The patient has demonstrated that s/he is **unable to remain substance free for more than 72 consecutive hours** during the past 30 days, despite one or more interventions, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery.
- 
- d. ☐ Yes **2** The patient has demonstrated that s/he is consistently **unable to attend outpatient treatment sessions substance free**, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery.
- 
- e. ☐ Yes **1** The patient has demonstrated that s/he is unable to **remain substance free for more than seven consecutive days** during the past 30 days, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery.
- 
- f. ☐ Yes **1** The patient has demonstrated that s/he is **unable to avoid relapse due to his/her lack of coping/daily living skills**, and this combination significantly interferes with his/her ability to maintain and/or progress with recovery.
- 
- g. ☐ Yes **1** The patient has demonstrated that she is **unable to be completely substance free during current pregnancy**.
- 
- h. ☐ Yes **1** The patient demonstrates **preoccupation** with substance use to the extent that s/he **is at high risk of relapse**, which significantly interferes with his/her ability to maintain and/or progress with recovery.
- 
- i. ☐ Yes **1** The patient demonstrates **lack of appropriate reaction to life stressors** to the extent that s/he **is at high risk of relapse**, which significantly interferes with his/her ability to maintain and/or progress with recovery.
- 

**Dimension Question # 5****Does the patient's ENVIRONMENT create a coercion to continue or return to substance abuse?**

☐ NO Please go to WI-UPC Summary sheet, disregard severity indicators below.

☐ YES Please answer each of the four severity indicators below.

**Severity Indicator Questions**

- a. ☐ Yes **3** The patient or a collateral source reports that other members of the patient's **living environment exhibit abusive behaviors**, (physical/sexual) such that safety concerns significantly interfere with his/her ability to engage and progress with treatment goals/recovery on an ambulatory basis.
- 
- b. ☐ Yes **2** The patient's living **environment purposely or unintentionally sabotages** (e.g. substance use triggers/cues, ongoing substance use/abuse), treatment goals/recovery **AND** friends, family **OR** co-workers are **not supportive of patient's recovery efforts**.
- 
- c. ☐ Yes **1** The patient's living and/or work environment **purposely or unintentionally sabotages** (e.g. substance use triggers/cues, ongoing substance use/abuse), treatment goals/recovery; **HOWEVER**, the patient **has some personal support** for recovery efforts from friends, family **OR** co-workers.
- 
- d. ☐ Yes **1** The patient's friends, family or co-workers are **not supportive of patient's recovery efforts**.
-

## **Wisconsin Uniform Placement Criteria (WI-UPC) SUMMARY**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_  
(record selected qualifying criteria above by placing an "X" in the appropriate space)

Withdrawal / Detoxification	Treatment			
Dimension # 1	Dimension # 2	Dimension # 3	Dimension # 4	Dimension # 5
a. _____	a. _____	a. _____	a. _____	a. _____
b. _____	b. _____	b. _____	b. _____	b. _____
c. _____	c. _____	c. _____	c. _____	c. _____
d. _____	d. _____	d. _____	d. _____	d. _____
e. _____	e. _____		e. _____	
	f. _____		f. _____	
	g. _____		g. _____	
			h. _____	
			i. _____	

Transfer the scores to this grid from each “Yes” response recorded in the severity indicators of each dimension.

**Score 1 \_\_\_\_\_**  
Select the single highest score found under Dimension 1 in the scoring grid.

**Score 2** \_\_\_\_\_  
Select the *single highest score* found under Dimensions 2, 3, 4, **and** 5 collectively in the scoring grid.

**\*NOTE: Transitional**

**Residential Treatment Service** - A patient may not be admitted to this level of care unless they have formerly been treated in one or more of the other levels of rehabilitation care (Level 1 - Level 4). The exception to this rule is if a patient is being initially placed in either Day Treatment or Outpatient, they may also be placed in Transitional Residential Treatment Service if there is sufficient need, even though it may be the patient's first placement for substance abuse rehabilitative care. If this exception is sought, specific language from the Assets and Needs in Section II for this level of care should be included in the Interviewer's comments section below.

LEVEL OF CARE KEY			
D-1	Non-Medical, Non-Ambulatory Intoxication Monitoring Service	1	Outpatient Treatment Service
D-2	Ambulatory Withdrawal Service	2	Day Treatment Service
D-3	Medically Monitored, Non-Ambulatory Withdrawal Service	3	Residential Treatment Service
D-4	Medically Managed Inpatient Detoxification Service	4	Inpatient Treatment Service

Match any score from Score 1 and Score 2 with the appropriate level of care indicated in the Level of Care Key.

These scores indicate the lowest recommended level of service appropriate for this patient. If special circumstances exist which allow an alternative level of care for this patient, please indicate them in the Interviewer's Comments section below and select the appropriate alternative level of care.

**Interviewer's Comments:**\_\_\_\_\_

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Level(s) of Care)

(Level(s) of Care)

(Agency Address)

---

**Date**

Date \_\_\_\_\_